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23599 7590 08/11/2006					papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
23599 7590 08/11/2006 MILLEN, WHITE, ZELANO & BRANIGAN, P.C. 2200 CLARENDON BLVD. SUITE 1400 ARLINGTON, VA 22201					Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
ARLINGTON, V					(Depositor's name)			
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					(Date)			
APPLICATION NO.	ICATION NO. FILING DATE		FIRST NAMED INVENTO		1	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/965,807 10/01/2001			Reuben Matalon			SHUTT-1 C1 3645		
TITLE OF INVENTION: ASPARTOACYLASE GENE, PROTEIN, AND METHODS OF SCREENING FOR MUTATIONS ASSOCIATED WITH CANAVAN DISEASE								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE I	DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700	\$300		\$0	\$1000	11/13/2006	
EXAMINER		ART UNIT	ART UNIT CLASS-SUBCLASS					
NOAKES, SUZA	NOAKES, SUZANNE MARIE 1653		435-183000	<b></b>				
1. Change of correspondence CFR 1.363).	2. For printing on the patent front page, list							
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  2  Millen, White, Zelano & Branigan PC					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE/OR/GOUNTRY) B2 GOOGGO 2 GOOGGO 2								
Miami Children's Hospital			Miami, FL 01 FC:2501 700.00 OP					
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government								
la. The following fee(s) are Issue Fee Publication Fee (No s	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.							
Advance Order - # of Copies			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-3402 (enclose an extra copy of this form).					
5. Change in Entity Status (from status indicated above)  A a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).								
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Authorized Signature November 13, 2006								
Typed or printed name Anthony J. Zelanp			Registration No. 27,969					
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